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ABSTRACT

Statistics reveal that about 90 percent of all working women in the United States will bear a child. Yet the United States is the only highly developed nation that does not have a national maternity leave policy. What can and should be done to address this disparity? Perhaps valuable lessons can be learned from the 117 countries that guarantee women leave from employment for childbirth. The United States also has problems in the area of infant health. U.S. infant mortality rates during 1980-1985 tied for the worst ranking among 20 industrialized nations, whereas 30 years earlier the nation ranked sixth among the same countries. Many desirable outcomes could be realized by providing child care at the parent's workplace. But for infant care outside the home to be optimal, caregivers must be able to spend time with infants on a regular basis. Each baby in day care should be given intimate, consistent contact with at least one adult to facilitate development of social, emotional, and intellectual skills. While there are many steps which need to be taken to improve the quality of care of infants in the United States, it is important that provision not undermine the basic family unit. Information concerning child care provision in other countries should be sought.(RH)

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Infant Care - Does Anybody Care?

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Infant Care - Does Anybody Care?

Upon entering the infant room in a local day care center, a visitor sadly observed the following: nine babies in cribs, twelve one-and two-year olds, and only one caregiver. After spending a few minutes with the infants, the visitor getting ready to leave felt a tug on her skirt. Looking down, she observed a tiny child who said, "Wanna go wif' you!".

Sound familiar? The above example is only one of the many problems relative to infant care in the U.S.. Perhaps the need for quality care for young children suffers because many educators and parents are unaware that the first two to three years of life are critical in terms of infants' future development. Hebb (1955), aware of this, advocated rich sensory stimulation during the first year of life. MacFarlane (1979) wrote that perceptual and motor skills can be stimulated as early as birth. Caldwell (1975) and White (1985) suggested that the first three years of a child's life are most important in the development of cognitive, social and emotional skills. The quality of stimulation does have an effect on infants. White and Held (1966) found that the more mature infants responded better to stimulation than did those of lesser maturity. Also, a lack of stimulation has been found to hinder infant development (Spitz, 1945; Knobloch and Pasamanick in McCandless, 1961; Saltz, 1973).

In 1986 Brazelton reported that a necessary reciprocal communication system develops between mother and child during the first four months of life. This is the foundation of children's

entire communication system. Positive affective interaction between mother and infant has been found to be related to overall infant development (Rubenstein & Howes, 1979; Brazelton, 1986).

There are some implications of these findings. One is the need for the provision of stimulating and responsive environments for infants. Another is that children who are cared for in the home during the first year of life appear to experience greater gains in all aspects of development. For example, Rubenstein et al. (1977) using the Bayley Mental and Psychomotor Scales found significant differences favoring maternal care when comparing two groups of five and six month old infants. The infants cared for at home, by their mothers, were found to score higher in the expression of positive affect, social play, variety of social stimulation, social mediation of inanimate objects, and variety of playthings. The results appear to indicate that mothers offered a more stimulating and responsive environment than did the substitute caregivers. Altman (1987) found that children who were cared for in their own homes for at least five months during the first two years of life had higher scores on measures of adaptive behavior which include communication, daily living skills, socialization and motor skills.

Other evidence of the superiority of mother care was offered by Peter and Jill de Villiers (1982). They found that the interaction between mother and infant to be akin to a choreography that preceded language, but contributed to actual communication. This kind of sensitivity is rare in caregiver - infant relationships. It is probable that many infant caregivers

have too many infants to give each one the attention necessary for optimum development. A number of investigators have found that maternal deprivation before the age of three damages the social-emotional development of children (World Health Organization, 1951; Baers, 1954; Bowlby, 1958; Yarrow, 1961; Honig, 1985). The ideal situation may be to provide infants with rich, challenging and responsive environments in the home.

But this may not be possible in many cases. About fifty percent of mothers who work have infants less than a year old (McCormick, 1986). In the past, parents could count on the extended family to help with child care; currently that is no longer the case. Many grandparents also work. The National Research Council (1976) found that: "Because of urbanization and its attendant anonymity and impersonality, the separation of work and place of residence...., families are less likely to receive support from the extended family, the neighborhood, the community or the church". A major social need therefore, is to provide working mothers with quality day care for young children. The authors pinpointed five issues concerning the care of infants. They are: improved parental leave benefits, better medical care, provision of child care centers at the workplace, more stimulating and responsive environments, and lower caregiver-infant ratios. In studying these issues, the authors reviewed the literature concerned with child-rearing practices in other countries. Elkind (1986), for example, wrote that child care programs abroad do not provide useful models for us because our values, culture, and attitudes toward children are different.

However, it would seem that a common goal of parents the world over would be to provide their children with abundant love and rich, stimulating, responsive environments. Cajoleas (Mills, 1972), in his essay on international understanding of educational goals, speaks of "man wearing cross-cultural clothes, some borrowed, some altered, some created anew, inspired by 'foreign styles'?" (p. 27). Even if the methods by which these goals are obtained do not appeal to us, it is certainly permissible to "borrow" from their practices.

Maternity (Parental) Benefits

The evidence that home care is the optimal environment for infants during the first year of life is hard to refute. Statistics reveal that about ninety percent of all working women in this country will bear a child (United Nations Association of the U.S.A., 1986-1987). Yet the United States is the only highly developed nation that does not have a national maternity leave policy. Most mothers cannot afford to stay home with their infants.

What can and should be done? Perhaps we can learn from others. There are 117 countries that guarantee women leave from employment for childbirth. Most offer job protection while she is away, and some offer cash benefits to replace most or all of her earnings. (Hewlett, 1986). But what about fathers? When establishing leave policies, it is important to extend some of them to fathers. They, like mothers, tend to have a positive effect on their children's development. Mills and Rubel (1987) found that fathers have a tremendous impact on the cognitive,

moral, and sex role development of their children.

In France, mothers with children under two-and-a-half are given a choice: day care if they work or half their salaries if they choose to stay home (Zigler & Hunsinger, 1977). The French government instituted these supports for women in an effort to provide real options in their employment and family choices (Kamerman & Kahn, 1981). In Britain, the Employment Protection Act (1975, 1978, 1980) provides pregnant women with paid time off from work for prenatal care, 6 weeks paid maternity leave with 90% of earnings being replaced, and the right to leave 6 weeks before a child is born and return to work anytime before the child is 29 weeks old (Hewlett, 1986). Atchley (1983) reported that English women stop working for only eighteen percent of their working lives. She described a pilot program at the National Westminster Bank in England in which women in upper management positions can return to work after five years. Women in Russia have been paid full salary during maternity leave since 1983. For years, Russian women caring for ill children have been given paid leave time. In 1981, partially paid leave was also established for working mothers or students in certain areas of Russia (Kravchencko, 1984).

Hungary offers the most extensive program for supporting working women who choose to stay home with their young children. They are paid a lump sum benefit of approximately 125% of their average monthly wage at the time of birth and given a twenty week paid maternity leave. In addition, families are paid a flat rate child allowance that continues until the child is three years old. These benefits have contributed to a decline in infant

mortality. The maternity benefits have also provided an incentive for young women to enter the work force at an early age. That is because they must be employed for nine months prior to the birth of the child in order to be eligible for benefits. These benefits also include guaranteed job protection. (Kamerman & Kahn, 1981).

Obviously, the United States has the means to do more for mothers and infants; but it has not demonstrated the will. Basic support for mothers of small children is restricted almost entirely to single unemployed mothers. These benefits are available through the Aid to Families with Dependent Children Program (AFDC) which varies from state to state. It has several major drawbacks. It encourages dependence upon welfare by limiting benefits to mothers who do not work. It also contributes to the fragmentation of the family by excluding benefits to families where the father is working no matter how low his income (Kamerman & Kahn, 1981).

The Children's Defense Fund (1988) pointed out that the United States' infant mortality rates during 1980-1985 tied for the worst ranking among twenty industrialized nations, whereas, thirty years earlier it ranked sixth best among the same countries.

Improved Health Care

Improving the quality of health care for infants outside the home begins with improved health care. The Children's Defense Fund (1988) revealed that one third of America's children do not

have private health insurance and have no access to regular preventive health care; yet pediatric intervention has been found to contribute to the total well-being and development of infants! Whitt and Casey (1982), for example, found that relationships between mother and child improved when mothers were provided with routine child care, and information about infant social development, accident prevention, and nutrition. Brazelton (1986) was able to enhance understanding by new fathers of the importance of emotional support to both the infant and the new mother by involving the fathers in both the birth process and the sharing of the Neonatal Behavioral Assessment when the infant was as young as three days old. In the absence of the extended family the role of fathers in providing male role models cannot be overemphasized. The first step in achieving commitment by fathers is their understanding of their importance in the family's emotional stability.

Most communist countries including China and Russia are exhibiting much concern for the health care of children. In China, state-run kindergartens provide free health care. Some schools provide infirmaries and full-time pediatricians (Weiser, 1982; Young & Prost, 1985). In Russia the state provides quality health care for mothers and infants. There are many women's and infants' consultation centers which provide free medical care (Kolmakova, 1972; Smirnov, 1979).

Child Care Centers in the Workplace

Providing child care at the parent's workplace could improve the quality of infant care. Child care at the workplace could reduce absenteeism due to undependable child care arrangements. It would help to relieve workers' child care concerns and it also could become a major factor in competition for skilled workers; especially in employment situations that require shift work and special training. On the job child care provisions can be invaluable to both workers and the employers. Because of the tax structure in the United States, the employer can often afford to absorb some of the cost of child care. For example, the provision of space and equipment are legitimate business expenses (LaVorgna, 1982). There is some evidence of experimental programs of this nature in the U.S.. McCormick (1986) wrote that Park City Schools in Park City, Utah have opened a day care center for its staff members. In addition, 2500 U.S. corporations provide some day care assistance and 150 companies and 400 hospitals have on-site day care centers.

In China many factories and communes have their own nursing room facilities. During breaks, workers can visit with and breast feed infants (Sidel, 1972; Young & Prost, 1985). The British Information Service (1988) reported that many factories, businesses and professional institutions offer day care services for both employees and students. Perhaps like Great Britain, China and Russia, America could develop child care centers located at the workplace. These would be beneficial to both parents and their employers. Parents would be near their infants

and could visit them during breaks. This should help to establish closer bonds between the parent and child and result in increased productivity in the workplace.

Lower Caregiver - Infant Ratio

For infant care outside the home to be optimal, caregivers must be able to spend time with infants on a regular basis. Babies who are in institutions (day care, for example), should be given "intimate, consistent contact with at least one adult" to facilitate development of social and emotional skills (Lowrey, 1940; Saltz, 1973; Skuse, 1984; Honig 1985). The NAEYC Center Accreditation Project (1983) noted that quality of interaction between children and caregivers is an important factor in early childhood programs.

In addition, caregiver-infant ratio must be taken into account (Cheever & Ryder, 1987). One-to-one interaction with caregivers is related to intellectual development. Francis and Self (1982) found that one-to-one interaction among two-year-olds facilitates imitation skills. These affect learning in general. The reciprocal communication between parents and small babies, the understanding of rhythms, attention and nonattention which precedes verbal language provides a basis of communication vital to their overall development (Rubenstein & Howes, 1979; de Villiers & de Villiers, 1982; Brazelton, 1986). In a substitute caregiver situation this reciprocity cannot be established if the caregiver has many infants under her or his care. The caregiver's tempo helps to set the pace of responses for the infants. If the caregiver is harried and rushed the infant is

likely to become nervous and frustrated. If the caregiver does not have sufficient time to talk to the infant and provide verbal models the child's language development suffers as well. Fowler (1977) and Honig (1985) believe that learning in infants is facilitated by low child-caregiver ratios.

Diana (1983) showed the importance of affiliation and attachment behaviors between toddlers and caregivers in the formation of healthy personalities of children. The maintenance of low ratios of children to caregivers and the availability of a continuous caregiver whom the children can trust are necessary for the promotion of affiliative interaction. She believed that the primary caregiver must spend sufficient time with the infant to establish a reciprocal and responsive relationship. The primary caregiver should, if possible be a comforter and offer emotional support to the child in times of stress. In order for the child to build a sense of trust, careful attention should be given to the caregivers' scheduling. They should be available for interaction with the children during feeding, bathing, rest and other routine tasks. Yet in our country, one may walk into most day care centers and observe large groups of children with only one or two adults. In Florida, for example, the caregiver-infant ratio requirements for day care licensing are 1:6 infants from birth to one year, 1:8 for one-year-olds and 1:12 for two-year olds (Florida Administrative Code, Chapter 10M-12.002, 1986). In New York, it is somewhat better. Children from eight weeks to one-and-a-half years must have a ratio of 1:4 and from one-and-a-half to three years must have a ratio of one staff to five children. At five years, the ratio is 1:9 (Official

Compilation of Codes, Rules and Regulations of the State of New York, Part 418, 1986). However, differences from state to state are great.

In England, one of the requirements of the Nurseries and Childminders Regulation Act is that large groups of children under five years of age in private day nurseries must have a ratio of one staff member to five children. The importance of lower caregiver - infants ratio has been known for years. Infants can and should be stimulated during the first months of life. For example, the Russians have studied the effects of sensory stimulation on infants. They found stimulation to have a positive effect on newborns (Senn in Mills, 1972). This has been confirmed by studies in the United States (Brazelton, 1986).

Conclusions

There are many steps which need to be taken to improve the quality of care for infants. Support systems should be instituted to allow parents to stay home with their infants. For those who cannot afford or choose not to stay home with their infants, quality care outside the home could be provided. Day care at the workplace, improved health care, more stimulating and responsive environments and lower caregiver-infant ratios are all vital to quality child care settings. It is important that these benefits be provided without undermining the basic family unit. Assistance should be based on the needs of the children and parents without encouraging overdependence. In addition, it is important that infant care provided in other countries be investigated. Some appear to be far in advance of the care offered in the United States. Zigler interviewed by Trotter

(1987) stated that the United States has "all the knowledge necessary to provide absolutely first-rate child care...All that is missing is the commitment and the will".

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